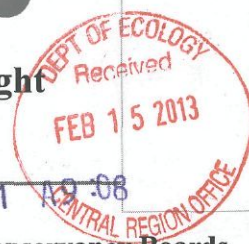




Application for Change/Transfer of Water Right

For Ecology Use
(Data Stamp)



13 FEB 11 10:08

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION IF FILED WITH THE DEPARTMENT OF ECOLOGY

(Check all that apply.)

- ☒ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: Consolidation of rights and correction of well locations

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

☒ I have participated in a pre-application conference with Ecology. NOT FILED

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 02-11-2013
CHECK NO. 119 FEE \$ 50
DATE ACCEPTED 03-06-2013 BY Q
CHANGE NO. C64-25450C
COUNTY YAKIMA WRIA 37
SPECIAL AREA _____
SEPA: ☐ EXEMPT ☐ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. _____ PERMIT NO. _____
CERT NO. _____ CERT OF CHG NO. _____

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
<u>Country Mobile Estates</u>	<u>503-6670199</u>	
ADDRESS		
<u>2802 BEAUNDRY RD.</u>		
CITY	STATE	ZIP CODE
<u>YAKIMA</u>	<u>WA</u>	<u>98901</u>
EMAIL ADDRESS (IF AVAILABLE)		
<u>mdnich@comcast.net</u>		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
<u>Don A. Nicholson P.O.A.</u>	<u>503 6670199</u>	
ADDRESS		
<u>2115 S.E. Spruce Ave.</u>		
CITY	STATE	ZIP CODE
<u>Gresham</u>	<u>OR</u>	<u>97080</u>
EMAIL ADDRESS (IF AVAILABLE)		
<u>mdnich@comcast.net</u>		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
<u>Nicholson Family Trust</u>	<u>503 6670199</u>	
ADDRESS		
<u>2115 S.E. Spruce Ave.</u>		
CITY	STATE	ZIP CODE
<u>Gresham</u>	<u>OR</u>	<u>97080</u>
EMAIL ADDRESS (IF AVAILABLE)		
<u>mdnich@comcast.net</u>		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
<u>G4-25450C</u>	<u>Country Mobile Estates</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

C64-25450C

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well # 2		SW	NE	2	12	19E	19120213013	AFK902

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well #2		SW	NE	2	12	19 E	19120213013	AFK902
Well #3		NW	NE	2	12	19 E	19120213013	AFL794

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME: _____

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Community Domestic Supply	200 gpm	27 af/yr	Continuous

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal Supply	200 gpm	27 af/yr	Continuous

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

The W½ of the SW¼ of the NE¼ of Section 2, T. 12 N., R. 19 E.W.M., except right of way for Drainage District No. 11 and except county road, the south and east side thereof, and except beginning at a point on the east side of said subdivision N 0°00'30" E 223.00 feet from the SE corner thereof; thence S 0°00'30" W along said east line 223.00 feet to said SE corner; thence west along the south line of said subdivision 565.00 feet; thence N 0°00'30" E parallel with the east line of said subdivision 242.00 feet; thence S 88°04'30" E 565.32 feet to point of beginning.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		2	12	19 E	Yakima	19120213013	16

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

Same as above

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		2	12	19 E	Yakima	19120213013	16

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): G4-24447C – Country Mobile Estates

6. Remarks and Other Relevant Information:

In June 2012, Country Mobile Estates PWS #15514 decommissioned Well AFK901 authorized under G4-25450C, well # 1, in preparation to bring the water and septic systems on site into compliance with Department of Health requirements. Country Mobile Estates would like to *consolidate* the use of the wells (AFL794 and AFK902) authorized under G4-24447C and G4-25450C respectively in order to use the maximum authorized capacity. This application also is submitted to *correct* the legal description/location of the originally authorized wells under G4-24447C and G4-25450C and change the purpose of use from community domestic to *municipal supply* as allowed under RCW 90.03.015.

Country Mobile Estate also respectfully requests that this application for change of G4-24447C and the accompanying application for change of G4-25450C be processed under Chapter 173-152-050(1) (a) WAC **priority processing**, please see the enclosed letter from the Department of Health.

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Country Mobile Estates Nicholson Family Trust	<u>Don A. Nicholson</u>	<u>2/8/13</u>
<small>Applicant Printed Name - Title</small>	<small>Applicant Signature</small>	<small>(Date)</small>
Don A. Nicholson P.O.A.		
Nicholson Family Trust	<u>Don A. Nicholson</u>	<u>2/8/13</u>
<small>Water Right Holder Printed Name</small>	<small>Water Right Holder Signature</small>	<small>(Date)</small>
Nicholson Family Trust	<u>Don A. Nicholson</u>	<u>2/8/13</u>
<small>Land Owner of Existing Place of Use Printed Name</small>	<small>Land Owner of Existing Place of Use Signature</small>	<small>(Date)</small>
Nicholson Family Trust	<u>Don A. Nicholson</u>	<u>2/8/13</u>
<small>Land Owner of Proposed Place of Use Printed Name</small>	<small>Land Owner of Proposed Place of Use Signature</small>	<small>(Date)</small>

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____